



## REQUEST FOR AUTHORIZATION TO SELL BULK ANTIFREEZE

North Dakota Department of Health

Division of Waste Management

Telephone: 701-328-5166 Fax: 701-328-5200 Website: <http://www.health.state.nd>

SFN 51746 (Rev: 05/02)

### I. Facility Information

Facility Name Where Antifreeze Is Sold			
Facility Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Contact Person	Phone		

### II. Owner Information

Owner Name			
Mailing Address	City	State	Zip Code

### III. Certification

Authorization is requested for the facility stated above to sell bulk antifreeze during the 2002-2003 antifreeze season (July 1, 2002 through June 30, 2003). In addition, I agree to the rules set by the North Dakota Century Code Chapter 19-16.1 for antifreeze regulation.	
Signature: _____	Date: _____
Name (print): _____	Title: _____

*Please complete this section for a change of name, address or ownership.*

Facility Name Where Antifreeze is Sold			
Facility Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Contact Person	Phone		
Owner Name			
Mailing Address	City	State	Zip Code

#### For State Use Only

Request Approved By: _____	Date: _____
Facility ID Number: _____	Owner ID Number: _____

See reverse side for mailing information and antifreeze distribution requirements.

### General Information on Bulk Antifreeze Distribution

Facilities may distribute antifreeze in bulk using a container supplied by the customer provided that:

1. The distributor obtains written authorization from the North Dakota Department of Health annually; and
2. The distributor attaches a label to the container supplied by the customer that contains the following information:
  - The name and place of business of the registrant;
  - The net content in terms of liquid measure;
  - A warning statement, giving adequate notice of the potential consequences of misuse;
  - A statement or chart showing dilution ratios needed to provide protection from freezing at various temperatures; and
  - Adequate directions for use describing requirements the purchaser must follow to obtain results claimed by the manufacturer or registrant.

Requests to sell bulk antifreeze can be made by completing form SFN 51746 on the reverse side of this page and returning it to:

North Dakota Department of Health  
Division of Waste Management  
1200 Missouri Ave, Room 302  
POBox 5520  
Bismarck, ND 58506-5520

For more information you may call the North Dakota Department of Health at (701) 328-5166.